OAHU COMMITTEES SUBMIT 1 ORIGINAL AND 1 COPY NEIGHBOR ISLAND COMMITTEES SUBMIT 1 ORIGINAL AND 2 COR

Committee Chairperson Signature

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

ORIGINAL

9-6-06

DISCLOSURE REPORT

NONCANDIDATE COMMITTEE PLEASE TYPE OR PRINT CLEARLY WITH INK (INSTRUCTIONS FOR COMPLETING THE DISCLOSURE REPORT CAN BE FOUND IN THE "GUIDEBOOK FOR NONCANDIDATE COMMITTEES.") SECTION I-NONCANDIDATE COMMITTEE: SECTION II-TYPE OF REPORT: (a) Committee Name: (See the Schedule of Reporting Dates to complete this section) Makani Nui Associates, LLC Preliminary Primary [] Amended (b) Mailing Address: 8 Kiopa'a Place, Suite 104 [] Final Primary [√ Short Form Pukalani, HI 96768 [3] Preliminary General REPORTING PERIOD (c) Phone (Bus) 572-6163 ext 205 ^(Res) 572-6173 fax [] Final Election Period 1/1/2006 through 9/8/2006 Treasurer's 1 Supplemental SECTION III (Part 1)-SUMMARY OF RECEIPTS AND DISBURSEMENTS (Complete Section III (Part 2) on the Second Half of this Form Before Completing This Section) **COLUMN A** COLUMN B **ELECTION PERIOD** TOTAL THIS PERIOD TOTAL TO DATE Cash on Hand at the Beginning of the Election Period (Continuing Committee) OR at the time the Organizational Report was Filed (New Committee)..... Cash on Hand at the Beginning of this Reporting Period..... Total Receipts (From Line 11, Column A and B)..... Subtotal (Add Lines 2 and 3 for Column A and Lines 1 and 3 for Column B)...... Total Disbursements (From Line 14, Column A and B)..... Cash on Hand at the Closing of this Reporting Period (Subtract Line 5 from Line 4 for Columns A and B)..... SECTION III (Part 2)-DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS (If Necessary, Complete Schedules A through D Before Completing This Section) RECEIPTS Monetary Contributions of \$100 or Less.... 8. Non-Monetary Contributions of \$100 or Less..... Aggregate Monetary and Non-Monetary Contributions of More Than \$100 (Schedule A, Line 2 for Column A)..... 500.00 10. Other Receipts (Schedule D, Line 2 for Column A)..... 0.00 11. Total Receipts (Add Lines 7 through 10 for Columns A and B)..... 500.00 DISBURSEMENTS 12. Contributions To Candidates (Schedule B, Line 2 for Column A)..... 0.00 0.00 13. Expenditures (Schedule C, Line 2 for Column A)..... 0.00 50.00 14. Total Disbursaments |Add Lines 12 and 13 for Columns A and B|..... 0.00 550.00 I hereby certify that the information on this report and all attached Schedules are true, correct and complete to the best of my knowledge.

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

ORIGINAL

SCHEDULE A MONETARY AND NON-MONETARY CONTRIBUTIONS NONCANDIDATE COMMITTEE

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| DATE OF | FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF DONOR | *REQUIRED IF AGGREGATE IS MORE THAN \$100 NAME OF EMPLOYER (IF INDIVIDUAL) | CONTRIBUTION OR FAIR MARKET VALUE | |
| DEPOSIT | IF A DEPENDENT MINOR, ENTER NAME OF PARENT | OCCUPATION (IF INDIVIDUAL) | OF NON-MONETARY CONTRIBUTION THIS PERIOD | AGGREGATE ELECTION PERIOD TOTAL TO DATE |
| 7/18/05 | Makani Nui Associates, LLC 8 Kiopa'a Place, Suite 104 Pukalani, HI 96768 | | 500.00 | |
| | [] NON-MONETARY CONTRIBUTION | | | |
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| SUBTOTAL | OF MONETARY AND NON-MONETARY CONTRIBUTIONS TH | HS PEDIOD (TIME) | | 500.0 |



STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

SCHEDULE C EXPENDITURES NONCANDIDATE COMMITTEE

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

| TONCANDIDA FE | E COMMITTEE NAME: | PAGE O | F |
|--|--|---|---|
| DATE OF EXPENDITURE | FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF VENDOR OR SOURCE OF NON-MONETARY CONTRIBUTION | PURPOSE OF EXPENDITURE OR DESCRIPTION OF NON-MONETARY CONTRIBUTION | AMOUNT OF PAID EXPENDITURE OF FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD |
| 03/14/2005 | Makani Nui Associates, LLC 8 Kiopa'a Place, Suite 104 Pukalani, HI 96768 | Penalty for Late Filing of Supplemental Report payable to Hawaii Election Campaign Fund | 50.00 |
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| SUBTOTAL OF | F EXPENDITURES THIS PERIOD (THIS PAGE) | | ▼ 50.00 |

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